

<i>SERFF Tracking Number:</i>	<i>AENX-125696885</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39309</i>
<i>Company Tracking Number:</i>	<i>AH AR0046801F01</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>2008 Regional Business</i>		
<i>Project Name/Number:</i>	<i>2008 Regional Business/AH AR0046801F01</i>		

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2008 Regional Business

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001C Any Size Group - Other

Filing Type: Form

SERFF Tr Num: AENX-125696885 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39309

Co Tr Num: AH AR0046801F01

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Author: SPI AetnaSPI

Disposition Date: 06/18/2008

Date Submitted: 06/16/2008

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 2008 Regional Business

Project Number: AH AR0046801F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/18/2008

State Status Changed: 06/18/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Deemer Date:

This amendment is being filed for the purpose of adding flexibility to our existing terminally ill definition, which is currently defined as a covered member with less than six months to live. Upon approval, this rider will allow customers to extend the current six month life expectancy standard to as many as 24 months.

Company and Contact

Filing Contact Information

SERFF Tracking Number: AENX-125696885 State: Arkansas
Filing Company: Aetna Life Insurance Company State Tracking Number: 39309
Company Tracking Number: AH AR0046801F01
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: 2008 Regional Business
Project Name/Number: 2008 Regional Business/AH AR0046801F01

John Ciesielski, Product and Regulatory Affairs CiesielskiJW@Aetna.com
Manager

151 Farmington Avenue (860) 279-1282 [Phone]
Hartford, CT 06156 (860) 952-2069[FAX]

Filing Company Information

Aetna Life Insurance Company	CoCode: 60054	State of Domicile: Connecticut
151 Farmington Avenue	Group Code: 1	Company Type:
Hartford, CT 06156	Group Name: Aetna	State ID Number:
(860) 273-7546 ext. [Phone]	FEIN Number: 06-6033492	

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$50.00	06/16/2008	20920369

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/18/2008	06/18/2008

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<i>Project Name/Number:</i>	<i>2008 Regional Business/AH AR0046801F01</i>		

Disposition

Disposition Date: 06/18/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AENX-125696885</i>	<i>State:</i>	<i>Arkansas</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Compassionate Care Amendment	Approved-Closed	Yes

SERFF Tracking Number:	AENX-125696885	State:	Arkansas
Filing Company:	Aetna Life Insurance Company	State Tracking Number:	39309
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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GR-96525 (06/08)	Certificate Amendmen	Compassionate Care Initial Amendment			57	GR-96525 (06_08).PDF
		t, Insert Page, Endorsement or Rider					

Aetna Life Insurance Company

Hartford, Connecticut 06156

Amendment

Effective Date:

This Amendment is effective on the later of:

[July 1, 20XX]; or

The date you become covered under this Policy.

This Amendment changes your Policy as follows.

1. The definition of "Terminally Ill" in the Glossary section is deleted and replaced with the following:

Terminally Ill

This is a medical prognosis of [6-24] months or less to live.

This Amendment makes no other changes to your Policy.



Ronald A. Williams
President

<i>SERFF Tracking Number:</i>	<i>AENX-125696885</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>2008 Regional Business/AH AR0046801F01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	AENX-125696885	State:	Arkansas
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Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	
		Approved-Closed	06/18/2008

Comments:

Attachments:

AR - READABILITY CERTIFICATION.PDF
AR - NAIC TRANSMITTAL DOC.PDF
AR - NAIC FORM FILING ATTACHMENT.PDF

Bypassed -Name:	Application	Review Status:	
		Approved-Closed	06/18/2008

Bypass Reason: not applicable

Comments:

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Aetna Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GR-96525 (06/08)	56.7

Signed: _____

Name:

Title:

Date: _____

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
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2.	Department Use Only						
	State Tracking ID						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Aetna Life Insurance Company 151 Farmington Avenue Hartford CT 06156	CT		001	60054	06-6033492	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
John Ciesielski 151 Farmington Avenue, Mail Stop RW61 Hartford CT 06156	860-279-1282	860-952-2069	CiesielskiJW@Aetna.com

5. Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	AH AR0046801F01					
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7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>
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9.	Type of Insurance	H16G Group Health - Major Medical					
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10.	Product Coding Matrix Filing Code	H16G.001C Any Size Group - Other					
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11.	Submitted Documents	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <u>FORMS</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <input type="checkbox"/> <u>RATES</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> <u>FILING OTHER THAN FORM OR RATE:</u> Please explain: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Certifications </div> </div> </div>					
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12.	Filing Submission Date	
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
	This amendment is being filed for the purpose of adding flexibility to our existing terminally ill definition, which is currently defined as a covered member with less than six months to live. Upon approval, this rider will allow customers to extend the current six month life expectancy standard to as many as 24 months.	

16.	Certification (If required)	
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> .		
Print Name <u>John Ciesielski</u> Title <u>Product and Regulatory Affairs Manager</u>		
Signature _____ Date _____		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		AH AR0046801F01
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Compassionate Care Amendment	GR-96525 (06/08)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	